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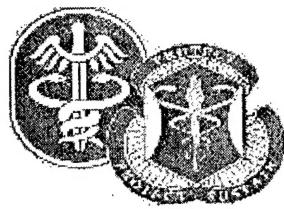
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# DHP RFS Final Report



**Oncology Outreach Evaluation  
Proposal Number: 1999000255**

**Brian John Goldsmith M.D.**

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## Abstract

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## Problems

**Shortly after the project was funded, the initial principle investigator (PI) left the military. There was a delay in locating a replacement PI.**

**There was limited information available on the ITB system and its operation that required a combined clinical/technical team to go to TAMC to interview the developers of the system and see how the system was used. Upon arriving at TAMC, the team found that the contractor programmer no longer worked for TAMC and there was no technical documentation to describe how the system was developed. Several detailed interview revealed that the system required two separate Web/database servers along with their respective software and support.**

**Further interviews revealed that the system required a full- time system administrator to manually process and prepare slide presentations for the actual tumor board members to view. This additional FTE requirement added approximately \$120,000 to the yearly operation of the project, which was unacceptable for our application. As a result, the project objectives were modified and a video tumor board resulted.**

**With the long-term goal of implementing a cost effective and deployable Internet Tumor Board, this project is developing a new Web-based ITB that models the success of the Teledermatology system deployed throughout the AMEDD. The new ITB is signed to utilize 14 main reusable modules that will not only facilitate the creation of this product, but will minimize the development costs of future Web-based clinical telemedicine systems.**

## Deliverables

With the initial project objectives modified and approved by TATRC, a video tumor board was implemented with the WRAMC Surgery Department hosting the board in the Department of Radiology. Clinicians from West Point and Landstuhl Germany both submitted cases and participated in the board for Continuing Medical Education (CME) credit.

The development of the modular Web-based Internet Tumor Board has begun with extensive systems analysis performed. An independent contractor (Venca) is hired to write the code. Once the system is complete it will not only run the ITB product be also support other Web-based clinical telemedicine applications.

## Expenditures

Element of Resource (EOR)	3Q FY 00	4Q FY 00	1Q FY 01	2Q FY 01	TOTALS
Travel 2100	10,000.00	0.00	4,000.00	2,000.00	16,000.00
Shipping 2200	2,000.00	0.00	0.00	0.00	2,000.00
Rent & Communications 2200	0.00	0.00	0.00	0.00	0.00
Contract for Services 2500	30,000.00	0.00	60,000.00	125,000.00	235,000.00
Supplies 2600	0.00	0.00	0.00	0.00	0.00
Equipment 3100	150,000.00	0.00	17,190.00	0.00	167,190.00
GRAND TOTALS	212,000.00	0.00	81,190.00	127,000.00	420,190.00

## Financials

**Personnel: Systems Analyst \$60,000.00 Programmer/Analyst \$125,000.00**

**Equipment: VTC microscope \$17,190.00**

**Travel: \$6,000.00 ----- \$218,190.00**

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## Final Results

**This project is not complete. However, the interim results as follows:**

**Patient Seen Via the Video Tumor Board:**

**2000 2001**

**West Point (General Surgery) 95 97**

**Landstuhl (Rad/Onc) 23 10**

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## Projected Costs

**Once the modular Web-based Internet Tumor board is complete, it will have very low maintenance cost as the system will part of a larger Consult Management System supporting multiple projects. There will only be one system platform to maintain for many projects, requiring minimum further documentation and modification.**

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## Comments

**The same software system designers who designed, created, and implemented the AMEDD wide Teledermatology system will use the same approach to design, create, and implement the new Web-based Internet Tumor Board. Through the use of existing Teledermatology code, the development time for this project should be reduced and yet easily maintainable.**

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## TATRC Scientific Review

# TATRC Acquisition Review

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## Supporting Graphs/Charts

No Attachments